

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. SHELLY TANDBERG**

Mailing Address POST OFFICE BOX 9306

City	State	Zip Code
WINTER HAVEN	FL	33883-9306

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.109892**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

**B. Full Name (Last, First, Middle Initial)**

**MR. ERIC TANENBLATT**

Mailing Address 1000 FOXCROFT ROAD NW  
SUITE 5300

City	State	Zip Code
ATLANTA	GA	30327-2624

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DENTONS

Occupation  
PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.116825**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**MARY TANENBLATT**

Mailing Address 1000 FOXCROFT ROAD NW

City	State	Zip Code
ATLANTA	GA	30327-2624

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.116824**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

7400.00

**Total This Period (last page this line number only)**.....